



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000026175

2. Name of Corporation Harmony Library

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 195 PUTNAM PIKE

City or Town: HARMONY

State: RI

Zip: 02829

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State:

Zip:

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

LIBRARY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LISA CARTER	7 SALISBURY RD CHEPACHET, RI 02814 USA
TREASURER	CAROL KUT	83 LONG ENTRY RD. CHEPACHET, RI 02814 USA
VICE PRESIDENT	DAVID CALDERARA	706 CHOPMIST HILL RD

		NORTH SCITUATE, RI 02857 USA
DIRECTOR	CHRISTINE BELL	1052 SNAKE HILL RD NORTH SCITUATE, RI 02857 USA
DIRECTOR	JEAN CEDOR	320 SAW MILL RD NORTH SCITUATE, RI 02857 USA
DIRECTOR	KATHLEEN ROSEEN	15 BRIARWOOD DR NORTH SCITUATE, RI 02857 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

GAYLE WOLSTENHOLME 195 PUTNAM PIKE P.O. BOX 419 HARMONY , RI 02829

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 13 Day of May, 2016 at 10:24:18 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By GAYLE A. WOLSTENHOLME
Signature of Authorized Person

Form No. 631
Revised 09/07

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